

APPLICATION TO RESIDE AT OVER HOUSE

Name _____ Date of Birth _____

Race _____ Marital Status _____ Phone # _____

Address _____ Referral Name and Phone # _____

(Case Worker) _____

MEDICAL HISTORY

List your general state of health. _____ Do you have any medical problems that interfere or impact your life? _____ Do you take medication for any medical problem? If so what are you prescribed? _____ Have you ever been tested for hiv/aids? _____ If so what were the results _____

EDUCATION/EDUCATION/MILITARY HISTORY

What is your highest grade of education completed? _____ What is your profession, skill or trade _____ Where was your last employment and reason for leaving? _____

_____ Are you currently employed or have Employment waiting? If so where? _____ What branch of the military Did you serve in? _____ What years did you serve? _____ Type of Discharge? _____ Are you eligible for VA benefits? _____ Are you receiving benefits for a service connected disability? _____ Do you have a valid driver's license? _____

ALCOHOL DRUG HISTORY

What is your drug of choice? (include alcohol) _____ List all other drugs used _____

What is your sobriety date? _____

Have you ever used drugs IV? _____. Have you ever had treatment for alcohol/ drug use? _____. If so please list where, dates and type of treatment

What are your thoughts about AA/NA?

FAMILY HISTORY

Name and phone number of emergency contact _____

Are you currently paying child support? _____

LEGAL HISTORY

List all arrests and time served

Are you currently on probation/parole? _____. If so, name and phone number of your probation/parole officer _____

PSYCHIATRIC HISTORY

Have you ever been diagnosed with mental illness? _____. If so what is your mental illness

Have you ever received services for mental health counseling either as an outpatient or residential setting? _____. If so where? _____

Why do you want to be admitted to the UVER house and how motivated are you to work a program of recovery?
